



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW HOSPITAL

City of Hospital: Fort Wayne

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Paige Zoucha

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Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1548541831
Outpatient Patient Service Revenue	\$1452905526
Total Gross Patient Service Revenue	\$3001447357

2. Deductions From Revenue

Contractual Allowance	\$1993532919
Other Deductions	\$41826840
Total Deductions	\$2035359759

3. Total Operating Revenue

Net Patient Service Revenue	\$966087598
Other Operating Revenue	\$39475957
Total Operating Revenue	\$1005563555

4. Operating Expenses

Salaries and Wages	\$231832774	Employee Benefits	\$72448001
Depreciation and Amortization	\$46580404	Interest Expense	\$164408
Bad Debt	\$67908458	Other Expenses	\$453739286
Total Operating Expenses	\$872673331		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$131890214	Total Assets	\$372687687
Net Non-operating Gains over Loss	\$1164418	Total Liabilities	\$62509135

Total Net Gains	\$133054632
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1328512565	\$1063041645	\$265470920
Medicaid	\$286388121	\$261400346	\$24987775
Other Government	\$50118621	\$36703969	\$13414652
Other State	\$227839386	\$179883774	\$47955612
Other Payers	\$1108588664	\$494330025	\$614258639
Total	\$3001447357	\$2035359759	\$966087598

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1662141	\$-1662141

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$51864	\$124684	\$-72820

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1455815	\$6446144	\$-4990329
Hospital Patients	\$0	\$0	\$0
Community Education	\$212528	\$1038326	\$-825798

Number of Medical Professionals Trained	952
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	6317

Statement Six: Charity Statement

Hospital Charity Charges	\$49515875
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10541930	
HCI Payments	\$0		
Subtotal	\$0	\$10541930	\$-10541930
Medicaid Shortfalls	\$26868025	\$60680550	
Subtotal	\$26868025	\$71222480	\$-44354455
DSH Payments	\$0		
Subtotal	\$26868025	\$71222480	\$-44354455
Medicare Shortfalls	\$261505027	\$281005710	
Other Government Programs	\$47955612	\$48507005	
Total	\$336328664	\$400735195	\$-64406531

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$59729	\$2597850	\$-2538121
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$724850	\$-724850

Comments

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